Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| le Committees in | dormation A | 14 / 4 31 | | . V. * | 1.7 | | | | | 200 | 10.7 | |
|---|------------------|---|-------------------------------|---------------------------|-------------------------|-----------|------------------------|----------------------------|--|----------|------|--|
| a. Pull Name | | | | | | | | | | | | |
| FENTRESS FOR FORSYTH REPORT FILEU | | | | | | | | | | | | |
| b. Mailing Addre | ss (include Ci | p Code) | de) CLECTRONICALE | | | | | | Date Filed | W W | | |
| 486 N AVALO | NRD | | | SEE STATE WEBSITE | | | | | | 10010001 | | |
| WINSTON SA | | FOR COMPLETE REPORT | | | | | | 10/21/2024 | | | | |
| | | | | WWW.NCSBE.GOV | | | | | e Phone Number | | | |
| | | | www.ngapl.uuv | | | | | | | | | |
| 2. Report Year | 3. Period Star | уу) | 4. Period | End Dat | e (n | nm/dd/yy) | | - | | | | |
| 2024 07/01/2024 | | | | 10/19/2024 ROBER | | | | | | NTRESS | 1 | |
| 6. Type of Comr | | 9. Type of Report (check only one type of | | | | | | freport from one category) | | | | |
| Candidate Campaign Party | | | Municipal State/County | | | | | ě | | | | |
| Joint Fundraiser PAC | | | Organizational Organizational | | | | | nal | Organizational | | | |
| Referendum Legal Expense Fund | | | H | Thirty-five day Quarterly | | | | | Pre-referendum | | | |
| 7. Type of Fund (if applicable, check one) | | | | Pre-primary First | | | | | Final | | | |
| Booster Fund" | | | | Pre-election Second | | | | | Supplemental Final | | | |
| Building Fund | | | | Pre-runoff Third | | | | | | Annual | 1 | |
| _ | lection Year Can | L_ | Semi-annual Fourth | | | | | | Special | - 1 | | |
| NC Public Can | | Mid Year Semi-annual | | | | - | | | - S. | | | |
| | | | Year End Mid Year | | | | -1- | 10. | Special Rep | ort Name | | |
| Other: | the language of | | Final Year End | | | | nd | | 20 | <u> </u> | | |
| 8. Number of Fu | indraisers this | | Special | 1 | | Final | | 1 | <u> </u> | Pol | | |
| 0 | | | | | 1 | | Special | | 1 | 2024 OC | 88 | |
| 3. Account Information 3. Account Information | | | | | | | | | | | | |
| a. Tinancial Inst | itution Full Na | me. | | | a. Finar | ncia | l Institutio | n Full Nan | ıe | 111 W | | |
| TRUIST | | | | | | | | | | < B | 3 | |
| h. Purpose | | | b Parpose | | | | | c. A | count Chi | | | |
| CAMPAIGN A | CCOUNT | C | | | | | 5. | | | | | |
| | d Period Begi | n Balan | | | | | d Period Begin Balance | | | | | |
| | | S | | 2,450.98 | | | | | \$ | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board | | | | | | | | | | | | |
| l F | obert ter | tress | | / | TIK | μ | \wedge | | | 10/21/20 | אכנו | |
| Pı | rinted Name of S | igner | - | Sign | ature of | App | ointed Treas | surer | | Date | - | |
| for office u | | | | | a an da space of MC Co. | | | | in in in in in | | | |
| Date Received: | | | | Employee; | | | | | Delivery Method Normal Mail | | | |
| Date Postmarked: | | | | Employee: | | | | | ☐ Registered Mail ☐ Hand Delivered | | | |
| Date Scanned: | | | | Employee: | | | | | ⊠ Electronically Filed | | | |
| Date Data Entered: | | | | Employee: | | | | | ☐ Signer has not received mandatory training | | | |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | | | | | | | | | | |

Detailed Summary

Amendment

☐ Yes Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number FENTRESS FOR FORSYTH 2024 Third Quarter Total this Total this Start of Election Cycle: January 1, Reporting Period Dection Cycle 4) Cash on Hand at Start 2,450.98 0.00 RECEIPTS 5) Aggregated Contributions from Incividuals (CRO-1205) 75.00 \$ 75.00 \$ 6) Contributions from Individuals (CRO-1210) 15,548.25 23,990.25 7) Contributions from Political Party Committees (CRO-1220) 0.00 0.00 8) Contributions from Other Political Committees (CRO-1238) 0.00 \$ 0.00 9) Loan Proceeds (CRO-1410) \$ 0.00 0.00 0) Refunds/Reimbursements to the Committee (CRO-1240) \$ 0.00 0.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 0.00 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 330.06 330.06 11c) Outside Sources of Income (CRO-1250) 0.00 0.00 11d) Legal Expense Fund-Other Sources (CRO-1270) 0.00 0.00 11e) Exempt Purchase Price Sales (CRO-1265) 0.00 \$ 0.00 2) TOTAL RECEPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 15,953.31 24,395.31 CONTRACTOR SECTIONS 3) Disbursements 13a) Operating Expenditures (CRO-1310) | \$ 5.187.15 8,627.70 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 0.00 2,000.00 13c) Coordinated Party Expenditures (CRO-1310) 0.00 0.00 4) Aggregated Non-Nedia Expenditures (CRO-1315) \$ 116.82 200.29 5) Loan Repayments (CRO-1420) \$ 0.00 0.00 6) Refunds/Reimbursements from the Committee (CRO-1320) 0.00 0.00 (CRO-1510) 7) In-Kind Contributions \$ \$ 13,178.31 13,645.31 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 24,473.30 18,482.28 9) Cash on Hand at Fnd (Add lines 4 and 12 together, then subtract line 18) (77.99) \$ (77.99)ADDITIONAL INFORMATION (CRO-1330) (0) Non-Mometary Gifts Given to Other Committees \$ 0.00 1) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 0.00 22) Debts and Obligations owed by the Committee (CRO-1610) 0.00 (CRO-1620) 0.00 23) Debts and Obligations owed to the Committee 4) Account Transfers Within the Committee 0.00 (CRO-1720) 25) Administrative Support (CRO-1710) 0.00 \$ 0.00 26) Forgiven Loans (CRO-1440) 0.00 0.00 \$ 27) 48-Hour Notice Reports Sum (CRO-2220) S 0.00 0.00 \$ (CRO-1215) S 28) Contributions to be Refunded

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0.00